Local Coverage Determination (LCD):
Laparoscopic SLEEVE Gastrectomy for Severe Obesity (L33362)

Contractor Information

Contractor Name
Noridian Healthcare Solutions, LLC

Contract Number
01111

Contract Type
A and B MAC

Jurisdiction
J - E

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LCD Information

Document Information

LCD ID
L33362

LCD Title
Laparoscopic SLEEVE Gastrectomy for Severe Obesity

CMS National Coverage Policy Title XVIII of the Social Security Act, 1862(a)(1)(A) allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, 1833(e) prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

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Decision Memo (CAG-00250R2) for Laparoscopic Sleeve Gastrectomy Treatment of Morbid Obesity, June 27, 2012

Medicare Administrative Contractors acting within their respective jurisdictions may determine coverage of stand-alone laparoscopic sleeve gastrectomy (LSG) for the treatment of co-morbid conditions related to obesity in Medicare beneficiaries only when all of the following conditions A-C are satisfied.

A. The beneficiary has a body-mass index (BMI) ≥ 35 kg/m²,
B. The beneficiary has at least one co-morbidity related to obesity, and
C. The beneficiary has been previously unsuccessful with medical treatment for obesity.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

The sleeve gastrectomy (SG) is a surgical procedure performed in either open or laparoscopic manner. The surgery involves excision of the lateral aspect of the stomach, leaving a much reduced, lesser-curve based, tubular stomach. When performed laparoscopically, the term laparoscopic sleeve gastrectomy (LSG) is used. Presently, LSG is being used as a stand-alone approach to bariatric surgery. By reducing gastric capacity, there is both short and longer term weight loss. A stand-alone sleeve gastrectomy is sometimes referred to as an isolated sleeve gastrectomy. There are variations in the detail and technique for the sleeve gastrectomy procedure itself. LSG has been gaining popularity over the last few years with increased experience among surgeons and the procedure is taking its place among other bariatric surgical procedures for extreme obesity. Unlike some bariatric surgical procedures, this technique is irreversible.

Obesity is recognized as an important risk factor for morbidity and mortality when associated with a number of chronic diseases such as heart disease and diabetes (Flegal, 2010). The Centers for Disease Control and Prevention (CDC) reported that obesity rates in the U.S. have increased dramatically over the last 30 years, and obesity is now epidemic in the United States (Kahn, 2009). For adults 60 years and older, the prevalence of obesity is about 37% among men and 34% among women (NHANES - National Health and Nutrition Examination Survey). Obesity may be further classified according to the National Institutes of Health (NIH):

- Class I Obesity = BMI 30.0-34.9 kg/m²
- Class II Obesity = BMI 35.0-39.9 kg/m²
- Class III (Extreme) Obesity = BMI ≥ 40.0 kg/m²

CMS has recognized the importance of screening and treating obesity and recently provided Medicare coverage for intensive behavioral therapy for obesity. CMS also has allowed national coverage for some bariatric surgical procedures for Class II and Class III obesity:

- Open and laparoscopic Roux-en-Y gastric bypass (RYGBP);
- Laparoscopic adjustable gastric banding (LAGB); and
- Open and laparoscopic biliopancreatic diversion with duodenal switch (BPD/DS).

Laparoscopic sleeve gastrectomy was specifically not approved under past NCDs. Recently, under a national coverage analysis (Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity CAG-00250R2) CMS has made the decision for stand-alone LGS coverage to be at the discretion of the local Medicare contractor. Open sleeve gastrectomy is specifically not covered in the CMS NCD and as such remains non-covered.

In the past, Noridian was concerned that there were no randomized controlled trials (RCTs) that adequately evaluated adults ≥ 65 years. Subsequently, based on a valid reconsideration request, additional scientific literature was presently that showed several studies that supported the safety and efficacy of this procedure in the age ≥ 65 year old population when same are carefully screened. Effective January 01, 2015, Noridian will cover laparoscopic sleeve gastrectomy when all of the following criteria are met:

- Patient has a Body Mass Index ≥ 35.0 kg/m²
- Patient has at least one CMS approved co-morbidity related to obesity and
- The beneficiary has been previously unsuccessful with medical treatments for obesity. The latter includes but is not limited to: active participation within the last 12 months prior to bariatric surgery in a weight-management program that is supervised by a physician or other health care professionals for a minimum of four consecutive months. The weight-management program must include monthly documentation of patient’s weight and BMI, current dietary regimen and physical activity (e.g. exercise program)

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A thorough multidisciplinary evaluation within the previous six months which includes **ALL** of the following:

- an evaluation by a bariatric surgeon recommending surgical treatment, including a description of the proposed procedure(s)
- a separate medical evaluation from a physician other than the requesting surgeon that includes both a recommendation for bariatric surgery as well as a medical clearance for surgery
- clearance for bariatric surgery by a mental health provider including a statement regarding motivation and ability to follow post-surgical requirements
- a nutritional evaluation by a physician or registered dietician

• LSG is furnished in a CMS approved bariatric facility for services performed prior to September 24, 2013. For Services performed on or after September 24, 2013 the requirement for the facility to be CMS certified no longer exists in accordance with Change request CR 8484.

The information above must be documented in the patient's medical record and available on request.

**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x Hospital Inpatient (Including Medicare Part A)

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0360

N/A

**CPT/HCPCS Codes**

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

43775 LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)

**ICD-9 Codes that Support Medical Necessity**

**Group 1 Paragraph:** Claims payment requires the coding of at least three diagnoses: the primary diagnosis (278.01 morbid obesity), the appropriate V-code for the degree of morbid obesity, and the co-morbid condition(s) necessitating the procedure.

**Primary Diagnosis**

**Group 1 Codes:**

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Group 2 Paragraph: ICD-9 Diagnosis Codes for BMI ≥ 35 are:

**Group 2 Codes:**

V85.35 BODY MASS INDEX 35.0-35.9, ADULT
V85.36 BODY MASS INDEX 36.0-36.9, ADULT
V85.37 BODY MASS INDEX 37.0-37.9, ADULT
V85.38 BODY MASS INDEX 38.0-38.9, ADULT
V85.39 BODY MASS INDEX 39.0-39.9, ADULT
V85.41 BODY MASS INDEX 40.0-44.9, ADULT
V85.42 BODY MASS INDEX 45.0-49.9, ADULT
V85.43 BODY MASS INDEX 50.0-59.9, ADULT
V85.44 BODY MASS INDEX 60.0-69.9, ADULT
V85.45 BODY MASS INDEX 70 AND OVER, ADULT

Group 3 Paragraph: Co-morbid condition

**Group 3 Codes:**

249.00 SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.01 SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, UNCONTROLLED
249.10 SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.11 SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, UNCONTROLLED
249.20 SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.21 SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, UNCONTROLLED
249.30 SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.31 SECONDARY DIABETES MELLITUS WITH OTHER COMA, UNCONTROLLED
249.40 SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.41 SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, UNCONTROLLED
249.50 SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.51 SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, UNCONTROLLED
249.60 SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.61 SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, UNCONTROLLED
249.70 SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.71 SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, UNCONTROLLED
249.80 SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.81 SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, UNCONTROLLED
249.90 SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
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250.00 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.01 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.02 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.03 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
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428.42 CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE

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<tr>
<td>718.07</td>
<td>ARTICULAR CARTILAGE DISORDER INVOLVING ANKLE AND FOOT</td>
</tr>
<tr>
<td>719.85</td>
<td>OTHER SPECIFIED DISORDERS OF JOINT OF PELVIC REGION AND THIGH</td>
</tr>
<tr>
<td>719.86</td>
<td>OTHER SPECIFIED DISORDERS OF LOWER LEG JOINT</td>
</tr>
<tr>
<td>719.87</td>
<td>OTHER SPECIFIED DISORDERS OF ANKLE AND FOOT JOINT</td>
</tr>
<tr>
<td>722.51</td>
<td>DEGENERATION OF THORACIC OR THORACOLUMBAR INTERVERTEBRAL DISC</td>
</tr>
<tr>
<td>722.52</td>
<td>DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC</td>
</tr>
<tr>
<td>722.73</td>
<td>INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY LUMBAR REGION</td>
</tr>
<tr>
<td>722.93</td>
<td>OTHER AND UNSPECIFIED DISC DISORDER OF LUMBAR REGION</td>
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<tr>
<td>724.4</td>
<td>THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED</td>
</tr>
<tr>
<td>724.6</td>
<td>DISORDERS OF SACRUM</td>
</tr>
<tr>
<td>780.51</td>
<td>INSOMNIA WITH SLEEP APNEA, UNSPECIFIED</td>
</tr>
<tr>
<td>780.53</td>
<td>HYPERSONMIA WITH SLEEP APNEA, UNSPECIFIED</td>
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<td>780.57</td>
<td>UNSPECIFIED SLEEP APNEA</td>
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</tbody>
</table>
ICD-9 Codes that DO NOT Support Medical Necessity

Paragraph: All ICD-9-CM codes not listed in this policy under ICD-9-CM Codes that Support Medical Necessity above.

N/A

General Information

Associated Information
N/A

Sources of Information and Basis for Decision


13. Other Contractor Policy - Draft LCD Laparoscopic Sleeve Gastrectomy DL32866, Noridian Healthcare Solutions, LLC.
## Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
</table>
| 01/01/2015            | R4                      | Coverage Indications, Limitations and/or Medical Necessity is revised to remove age restriction from coverage criteria. This revision updates the Noridian Healthcare Solutions MAC numerical jurisdictional designation to the new MAC Lettered jurisdiction designation(s). No other changes were made to this LCD. | • Reconsideration Request  
• Change to Lettered Jurisdiction Designation  
• Creation of Uniform LCDs Within a MAC Jurisdiction |
| 09/01/2014            | R3                      | This LCD is revised to incorporate the removal of the CMS restriction for procedures to be performed in certified facilities effective 09/24/2013, per Change Request 8484. | |
| 11/01/2013            | R2                      | This LCD was revised to reflect the corporate name change from Noridian Administrative Services, LLC to Noridian Healthcare Solutions, LLC that was effective on 05/01/2013. No other changes were made in this revision. | • Other (Corporate name change.) |

## Associated Documents

- **Attachments N/A**
- **Related Local Coverage Documents N/A**
- **Related National Coverage Documents N/A**

Public Version(s) Updated on 12/15/2014 with effective dates 01/01/2015 - N/A
- Updated on 08/27/2014 with effective dates 09/01/2014 - 12/31/2014
- Updated on 02/06/2014 with effective dates 11/01/2013 - 08/31/2014
- Updated on 10/31/2013 with effective dates 11/01/2013 - N/A
- Updated on 06/07/2013 with effective dates 08/26/2013 - N/A

## Keywords

- laparoscopic
- sleeve
- gastrectomy
- gastric
- restrictive
- bypass
- obesity

Read the [LCD Disclaimer opens in new window](#)